

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/584780

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	3					
5	1					
6	1					
7	2					
8	2					
9	0					
10	0					
11	0					
12	0					
13	0					
14	0					
15	1					
16	1					
17	1					
18	1					
19	1					
20	1					
21	1					
22	1					
23	1					
24	1					
25	1					
26	1					
27	10					
28	1					
29	1					
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32						
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48						
49						
50						
TOTAL IND.	4		↓		↓	↓
TOTAL DEP.	38	←		←	←	←
TOTAL CLAIMS	42					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.			↓			
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS						